

1009

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>158</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>721</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____	St. _____ Ward _____	
2. Full name of child <u>Francisco Flores</u>			
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>Oct. 18 - 23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Manuel F. Flores</u>		Full maiden name <u>Florencia Aguillera</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>2</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:15 P.M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address _____	
Month, day, year.		Filed <u>11-10</u> 19 <u>23</u> <u>B. G. Joy</u>	
Registrar.		Filed <u>11-10</u> 19 <u>28</u> <u>B. G. Joy</u>	
		Local Registrar.	
		County Registrar.	

662-1014-611